July 28, 2006

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.					Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				1	olication Number	10/074,345			
FEE TRANSMITTAL					ng Date	February 12, 200	2		
for FY 2006					st Named Inventor	Halbert Tam et al			
Applicant claims small entity status. See 37 CFR 1.27				Êxa	miner Name	Shantese L. McDonald			
				Art Unit		3723			
TOTAL AMOUNT OF PAYMENT		(\$) 500.00		Atlamey Dacket No.		APPM/006075,Y1/PPC/CMP/CKIM			
METHOD OF PAYMENT (check all that apply)									
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :									
Deposit Account Deposit Account Number: 50-1074/006075,Y1/PPC/CMP/CKIM Deposit Account Name: Applied Materials, Inc.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
Under 37 CFR 1.16 and 1.17									
WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
FILING FEES SEARCH FEES EXAMINATION FEE									
	Small Entity				Small Entity	-	Small Entity		
	Fee (\$)		-	ee(\$)	<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	Fees Pald (\$)	
Utility	300	150	51	00	250	200	100		
Design 2	200	100	11	00	50	130	65		
Plant 2	200	100	30	00	150	160	80		
Reissue	300	150	50	00	250	600	300		
Provisional 2	200	100		0	0	0	0		
2. EXCESS CLAIM FEES Small Entity									
Fee Description Fee (\$)								Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent claims					as Bald (\$)		360	180	
Total Claims Extra Claims Fee(\$) -20 or HP= x =					ee Paid (\$)			Dependent Claims	
HP = highest number of tota		X					<u>Fee (\$)</u>	Fee Paid (\$)	
=		рвю юг, іг дгеак С іаі<u>т</u>ട	Fee(\$)	C.	ee Paid (\$)			***************************************	
- 3 or HP=	FVIIA	<u> </u>	L. ec (4)	_ <u>'</u> ≠	ee Laid (4)				
HP = highest number of Ind	ependen:	^ t claims paid for.	If greater than	 3.					
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = / 50 = (round up to a whole number) x =									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): APPEAL BRIEF FEE \$500.00									
)						
SUBMITTED BY	7 1	A Sh	10	1	Registration No.				
- No. 1 / Au	· And	7- 1-1 //d	7 . 4	1	LASISH SEEDLI MO.	25 436	l	13-623-4844	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Tradomark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Name (Print/Type)

Robert W. Mulcahy